

# City of Glenwood

100 17th Ave NW, PO Box 254, Glenwood, MN 56334 cog@ci.glenwood.mn.us 320-634-5433

## **Application for Peddler Permit**

Peddler Application must be filed a minimum of 14 days prior to sell date.

| Full Legal Name:                     | Today's Date:        |
|--------------------------------------|----------------------|
|                                      |                      |
| Driver's License # and State Issued: |                      |
|                                      |                      |
| Vehicle License Plate Number:        | (VIN) Number:        |
|                                      |                      |
| Vehicle Registration Info:           |                      |
| venicle registration into.           |                      |
|                                      |                      |
| Valida Description                   |                      |
| Vehicle Description:                 |                      |
|                                      |                      |
|                                      |                      |
| Present Address:                     |                      |
|                                      |                      |
|                                      |                      |
| Permanent Address:                   |                      |
|                                      |                      |
|                                      |                      |
| Personal Phone #:                    | Main Office Phone #: |
|                                      |                      |
| Full name of Company and Address:    |                      |
| 1 3                                  |                      |
|                                      |                      |
|                                      |                      |
|                                      |                      |



City of Glenwood
100 17th Ave NW, PO Box 254, Glenwood, MN 56334 cog@ci.glenwood.mn.us 320-634-5433

| Full Name of Sales Manager and Address:   |                                      |  |
|---|--------------------------------------|--|
|   |                                      |  |
|   |                                      |  |
| Manager Phone #:  | Manager Office Phone #:              |  |
|   |                                      |  |
| List the exact products that are going to be sold:                                      |                                      |  |
|   |                                      |  |
|   |                                      |  |
| Criminal Record:  | Traffic Record:                      |  |
|   |                                      |  |
| Physical Description: (Hair color, Eye color, He  | ight Weight etc.)                    |  |
| Physical Description: (Hair color, Eye color, He  | eight, weight, etc.)                 |  |
|   |                                      |  |
| Full Names and Address of employees working under you in Glenwood: *applicant and each  |                                      |  |
| employee needs to fill out and sign an author   | ization release of criminal history* |  |
|   |                                      |  |
|   |                                      |  |
| Dates of Selling:   |                                      |  |
|   |                                      |  |
| Last 3 Towns in Minnesota where you sold the product:                                   |                                      |  |
|   |                                      |  |
| Fee Schedule- \$20/Day, \$150/Year  |                                      |  |
| The Glenwood Police Department will process within 72 hours.  Include copy of Photo ID. |                                      |  |
|   |                                      |  |
|   |                                      |  |
|   |                                      |  |
| Signature of Application  | <br>Date                             |  |



## City of Glenwood

100 17th Ave NW, PO Box 254, Glenwood, MN 56334 cog@ci.glenwood.mn.us 320-634-5433

### **AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

The following named individual has presented an application to the City of Glenwood for a